

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) quarterly e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives,

## **Timely Administration of Thrombolytics for STEMI Within Nova Scotia Emergency Departments: How Do We Measure Up?**

On average, 700 Nova Scotians each year are admitted with a ST Elevation Myocardial Infarction (STEMI). STEMI patients must be diagnosed and treated rapidly via thrombolytic therapy (the focus of this current article) or primary percutaneous intervention. By shortening total ischemic time, heart muscle is saved and outcomes are improved. The Canadian Cardiovascular Outcomes Research Team (CCORT) recommends the following targets:

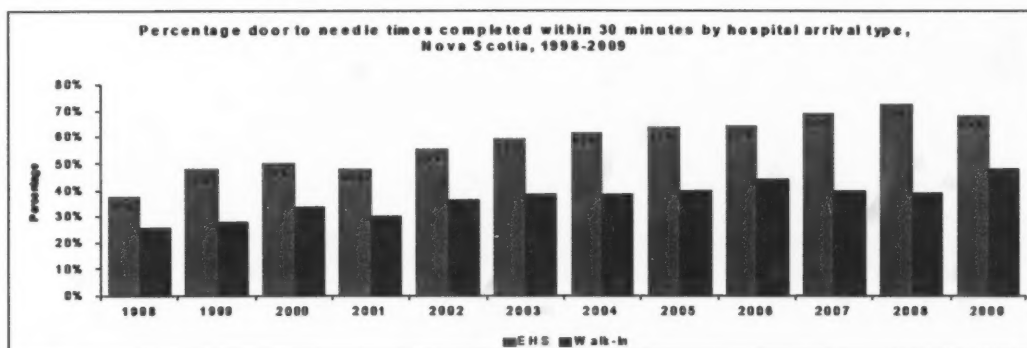
- Time from hospital arrival to ECG of  $\leq 10$  minutes
- Time from hospital arrival to thrombolysis  $\leq 30$  minutes.

Furthermore, CCORT recommends that the benchmark for each of the indicators above be 90% of STEMI patients.

Emergency Health Services (EHS) in the province has been completing ECGs in the field since 2006; this enables a diagnosis prior to hospital arrival and allows Emergency Departments to prepare for rapid treatment of the STEMI patient. This Spring, EHS launched the Provincial Pre Hospital STEMI Reperfusion Strategy (RESTORE) which allows advanced care paramedics to provide thrombolytic therapy to STEMI patients in the field, under the direction of an Emergency Department physician. In Nova Scotia, 53% of STEMI patients arrived at the Emergency Department by means other than an ambulance in 2009, so it is also important for Emergency Departments to rapidly diagnosis and treat walk-in STEMI patients. So, how are we doing?

CVHNS's data holdings include detailed information on all STEMI admissions to Nova Scotia hospitals since 1998. We are currently able to report data through to the end of 2009. The percentage of STEMI patients who get an ECG completed within 10 minutes of first medical contact has increased from 56% in 1998 to 70% in 2009. This increase occurred within the population arriving by ambulance, primarily since EHS started doing 12-leads in the ambulance. The percentage of STEMI walk-ins who get an ECG within 10 minutes of hospital arrival has remained steady at just under 50%.

Similarly, there have been improvements over time in the percentage of STEMI patients who received thrombolytics within the 30 minute benchmark. A higher percentage of STEMI patients who arrive by ambulance received thrombolytics within the 30 minute window, but the percentage has been increasing at similar rates over time for both walk-ins and EHS arrivals.



Although the trends over time have been positive, there is a lot of variation among and within DHAs. Audits of more recent data show that these percentages remain unchanged in many DHAs, while a few sites within Nova Scotia have made significant progress by changing processes within the Emergency Departments (e.g., synchronizing clocks, triage first, ECG technologist stationed in ED, etc.). CVHNS and *Safer Healthcare Now!* have joined forces to bring stakeholders together to learn and to share strategies and processes that work. Representatives have been selected, by each DHA, to be a part of the team working on this issue locally. In preparation for our Forum on September 8, 2011:

- DHAs have been provided with preliminary data on trends in thrombolytic administration from 1998 to 2009.
- Audits have been completed in most DHAs to look at current status on key indicators.
- Teams are meeting to map out the current STEMI patient journey to identify opportunities for improvement.

We hope that the outcomes of this ongoing work, in conjunction with RESTORE, will contribute to *Better Care Sooner* for all STEMI patients in Nova Scotia.

### Learning Opportunities

**New Brunswick Heart:** September 15-17, 2011, Saint John, NB. [www.ahsc.health.nb.ca/Programs/NBHC/symposium.html](http://www.ahsc.health.nb.ca/Programs/NBHC/symposium.html)

**2011 Canadian Stroke Consortium National Stroke Course:** Oct 1-2, 2011, Ottawa, ON. [www.strokeconsortium.ca](http://www.strokeconsortium.ca)

**2011 Canadian Stroke Congress:** Oct 2-4, 2011, Ottawa, ON. [www.strokecongress.ca](http://www.strokecongress.ca)

**2011 Canadian Hypertension Congress:** October 2-5, 2011, Alliston, ON. <http://hypertension.ca/chs/meetings/annual-meeting-2011>

**2011 Canadian Cardiovascular Congress:** October 22-26, 2011, Vancouver, BC. [www.cardiocongress.org/english/home\\_EN.html](http://www.cardiocongress.org/english/home_EN.html)



## CVHNS News

### 2009 Quality Indicator Reports

The 2009 quality indicator reports have been distributed to CEOs and key contacts in each DHA. The reports provide an overview of care provided in the DHA compared to the province between 2007 and 2009 for patients with:

- An admitting diagnosis of ST elevation myocardial infarction.
- A discharge diagnosis of:
  - ST elevation myocardial infarction,
  - Non-ST elevation, and
  - Congestive heart failure.

These reports provide information on: demographics, times to hospital presentation and treatment, acute and discharge drug regimens, and cardiac procedures and outcomes. DHA comparison tables were also provided for key quality indicators. These reports are intended to inform districts of areas for quality improvement. CVHNS can be booked to present the data to districts and we are also able to provide more frequent analyses and reports for specific indicators upon request. For more information please contact [kathy.harrigan@cdha.nshealth.ca](mailto:kathy.harrigan@cdha.nshealth.ca) or your local cardiac district coordinator.

## Official Launch of My Blood Pressure Card Campaign

*Come on Nova Scotia...Check it!*

On August 16th the Department of Health and Wellness officially launched the **My Blood Pressure Card Campaign** at Valley Regional Hospital. Featuring a wallet card, brochure, and poster for the office/work setting, this initiative is intended to increase consumer and health care provider awareness about hypertension—risks associated with prevention, early identification, and optimal management.

Three provincial programs (Cardiovascular Health Nova Scotia, the Diabetes Care Program of Nova Scotia, and the Nova Scotia Renal Program) have worked with numerous partners to develop, pilot test, print, and distribute these tools across Nova Scotia. With the help of the DHAs and other partners, bundles of the materials have been distributed in the past few weeks to ambulatory and specialty clinics, collaborative practices, physicians, pharmacists, health charities, and others.

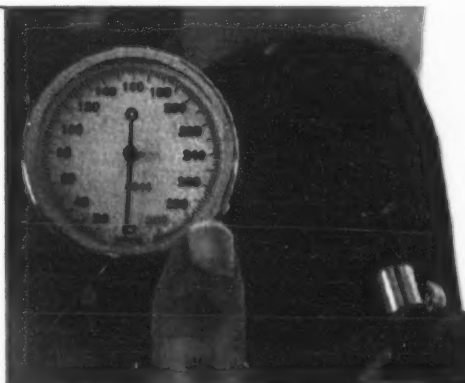
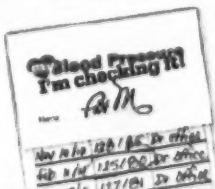
**I have my blood pressure checked.  
Do You?**

**Come on, Nova Scotia – Check it!**

Get your wallet card from your health care provider today.

Visit [www.gov.ns.ca/bloodpressure](http://www.gov.ns.ca/bloodpressure) to learn more.

**NOVA SCOTIA**



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Modeled after a successful project at the Valley Regional Hospital Diabetes Centre, this project focuses on provider and consumer engagement and keeping hypertension top of mind. The campaign and the tools are intended to:

- Engage individuals in self-care practices (actively talking about and understanding blood pressure and their role in management).
- Promote the need for routine, regular monitoring blood pressure and an awareness of "knowing your numbers" as a means of primary prevention.
- Reinforce consistent messaging across provider groups and with individuals, including "Tips" to lower blood pressure through sodium reduction, healthy eating, healthy weights, physical activity, smoking avoidance, alcohol moderation, stress reduction, and medication management.

The card should be used to record blood pressure values taken by a health care provider and shared with providers during office/clinic visits. The card encourages people to talk to their physician and other health care team members about blood pressure, ask questions, and learn how to prevent and better manage their own blood pressure. It is intended for the general public and people with and without hypertension—all adult individuals. For more information visit the website: [www.gov.ns.ca/bloodpressure](http://www.gov.ns.ca/bloodpressure).

## DHA News

### 4 The Health of It

The innovative *4 the Health of It* program was developed by Annapolis Valley Health (AVH) for individuals at high risk for, or in the early stages

of, chronic disease. This 8-week program is intended to provide participants with the knowledge and skills required to support them in making lifestyle choices that will reduce their risk of developing a chronic disease and/or related complications. It focuses on four critical aspects of health: healthy eating, physical activity, stress management, and active participation in one's health. The program is facilitated by a health professional team including a dietitian, physiotherapist, psychologist, nurse practitioner/physician, and pharmacist. Each week, participants engage in experiential learning opportunities such as cooking classes and exercise modules, take part in interactive discussions on a variety of health topics, and share their thoughts and feelings about the challenges and successes they experience.

*4 The Health of It* was created to meet the needs of those living within AVH. Community members from several high-risk populations provided valuable insight about program content and delivery as well as what barriers might prevent people from making healthy lifestyle choices, through a series of focus groups. This information was vetted through Working Groups (health professionals who helped develop and implement the program) and an Advisory Group (helped guide the program development based on current research and expertise), guiding the development of the program.

Evaluation tools, developed by Research Power and Associates, were used to evaluate the success of the program as well as areas for improvement. *4 The Health of It* was implemented with great success at four sites in October 2010: 100% of evaluation respondents would recommend the





program to others, 88% became more physically active, 91% ate a healthier diet, 94% were confident that they could maintain these changes.

After some refinement based on the first round of evaluations, the second round of *4 The Health of It* began in March 2011, with a plan to continue offering the program 2-3 times/year in communities across the District as part of AVH's Chronic Disease Prevention Strategy. For more information please contact Deidre Burns [dburns@avdha.nshealth.ca](mailto:dburns@avdha.nshealth.ca).

### ***Helpful Resources***

#### **New 2011 Women's Prevention Guidelines**

Mosca L, Benjamin EJ, Berra K et al. Effectiveness-based guidelines for the prevention of cardiovascular disease in women—2011 update: A guideline from the American Heart Association. *Circulation*, 2011; Feb 16.

#### **PCNA Heart Disease Prevention Guidelines for Women**

PCNA has produced a tool to support the new AHA women's prevention guidelines : *Living guidelines for women: What you need to know*. Visit [www.pcna.net/women](http://www.pcna.net/women).

#### **New Education Resource for Heart Attack Patients**

Eli Lilly Canada, in partnership with the World Heart Federation, has developed a new online resource to guide Canadian heart attack and heart procedure patients through the recovery process. Visit [www.yourheartnewstart.ca](http://www.yourheartnewstart.ca).

#### **Sodium 101 for iPhone**

The Canadian Stroke Network has launched an App to help users stay within their daily recommend sodium intake. Visit [www.sodium101.ca/App](http://www.sodium101.ca/App).

#### **New AHA UA/NSTEMI Focused Update**

Wright RS, Anderson JL, Adams CD et.al. 2011 ACCF/AHA focused update of the guidelines for the management of patients with unstable angina/non-ST-elevation myocardial infarction (updating the 2007 guideline): A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol* 2011;57.

Visit: <http://content.onlinejacc.org>.

#### **AHA Scientific Statement on Tryglicerides**

Miller M, Stone NJ, Ballantyne C, et al; on behalf of the American Heart Association Clinical Lipidology, Thrombosis, and Prevention Committee of the Council on Nutrition, Physical Activity and Metabolism, Council on Cardiovascular Nursing, and Council on the Kidney in Cardiovascular Disease. Tryglicerides and cardiovascular disease: a scientific statement from the American Heart Association. *Circulation*. 2011; April 18, published ahead of print.

The Nova Scotia Aphasia Association is a new non-profit organization that aims to increase awareness of aphasia in Nova Scotia and be a resource for people impacted by aphasia. For more information, contact [nsaa@bellaliant.net](mailto:nsaa@bellaliant.net).

### ***Innovative Ideas***

#### **CDHA's ACCESS Clinic**

CDHA's ACCESS clinic was recently recognized by the Canadian Cardiovascular Society (CCS). The Cardiology Nurse Practitioner Clinic (ACCESS) is designed to improve timely access to outpatient Cardiology consultation using a collaborative model that includes cardiologists, nurse practitioners, and clerical and booking support. The clinic has reduced

the waitlist of new patient cardiology referrals by 600 patients over six months. In addition, patient surveys on the quality of care received have been overwhelmingly positive. As a result, the Canadian Cardiovascular Society has recognized ACCESS as an example of best practice and asked for the clinic's participation as CCS prepares a national strategy to improve access to cardiology referrals.

### **Stroke Secondary Prevention in GASHA**

In April 2011, Guysborough Antigonish Strait Health Authority (GASHA) officially opened their Stroke Secondary Prevention Clinic in collaboration with the Heart Health Clinic. In planning the development of a comprehensive secondary prevention strategy, stroke program staff conducted a needs assessment with General Practitioners across the district to get their input on the best way to proceed. That assessment has resulted in an initial focus on patients with Transient Ischemic Attack (TIA) who present to the Emergency Department (ED). A referral process has been developed so that ED staff can refer patients who don't need to be admitted to hospital for direct follow-up with stroke specialists. The clinic will be staffed by a nurse practitioner who will see patients 5 days per week. This clinic complements the progress that both Pictou County Health Authority and GASHA have made in the development of their joint acute stroke unit. For more information, please contact Michelle MacGrath, Stroke Coordinator [michelle.macgrath@pcha.nshealth.ca](mailto:michelle.macgrath@pcha.nshealth.ca).

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